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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Arnold P. Nerenberg

Group Art Unit: 3629

Serial No.: 10/767,527

Examiner:

Filed: 01/22/2004

Docket No.: NERE-3817

Title: **ASSESSMENT OF A PHYSICAL EXERCISE FACILITY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102(c)

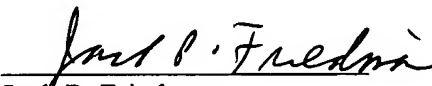
Dear Sir:

This is a Petition to Make Special the above identified patent application. The basis for this petition is that the applicant is over sixty-five years of age.

In accordance with MPEP 708.02(c)(1), a certified copy of applicant's birth certificate is attached.

In view of the above, applicant requests that this Petition to Make Special be granted and the examination of the application be advanced.

Date: 06/01/2006


Jack P. Friedman
Registration No. 44,688

SCHMEISER, OLSEN & WATTS
22 Century Hill Drive - Suite 302
Latham, New York 12110
(518) 220-1850

Date:

MAR 30 1976

DEPARTMENT OF HEALTH
BOROUGH OF BRONX

Certificate of Birth

5909

FILED
1941 MAY 20 AM 9 35

Full name of child (PRINT)

Certificate No.

1. Color or race <u>White</u>		2. Number of children born of this pregnancy <u>1</u>		3. Date of child's birth Month <u>May</u> Day <u>16</u> Year <u>1941</u> Hour <u>5:06</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
4. PLACE OF BIRTH (a) NEW YORK CITY: (b) Borough <u>Bronx</u> (c) Name of Hospital or Institution <u>Liebig Hospital</u> (If not in hospital or institution, give street and number.) (d) Length of mother's stay at place of birth immediately prior to birth of child <u>9 hours 6 minutes</u>		5. If more than one, number of this child in order of birth		6. USUAL RESIDENCE OF MOTHER (a) State <u>New York</u> (b) City <u>Bronx</u> (c) Town or City <u>New York</u> (d) No. <u>911 Home</u> (e) Length of residence or stay in New York City immediately prior to birth of child <u>1 1/2 years</u>	
7. FATHER Full name <u>Samuel Nerenberg</u> Color or race <u>White</u> Birthplace (city or place and State or country) <u>United States</u> A. Trade, profession, or particular kind of work, occupation, profession, sawyer, bookkeeper, etc. <u>Pressman</u> B. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Factory</u>		8. MOTHER Full maiden name <u>Anne Singer</u> Color or race <u>White</u> Birthplace (city or place and State or country) <u>Czechoslovakia</u> A. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> B. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		9. Total number of children BORN ALIVE PREVIOUS to this pregnancy <u>0</u>	
10. I hereby certify that I attended professionally at the birth of this child, who was born alive, on the date stated above, and that all facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.		11. Age at time of this birth <u>21 (years)</u>		12. Age at time of this birth <u>19 (years)</u>	
13. Given name added from <u>MAY 23 1941</u> F. S. Williams M.D. opn Assistant Registrar		14. Signature <u>William J. Sullivan</u> M.D. Address <u>Liebig Hospital</u> Date of Report <u>5/18/41</u>		15. Number of children born PREVIOUS to this pregnancy and NOW LIVING <u>0</u>	

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

CITY REGISTRAR

The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been made.

BEST AVAILABLE COPY